U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 20/20	2 Fiscal Year Covered From
	11 / 104 Through 12 / 31 / 04-
3 Name and address of person filing	4 Name file number and address of labor organization
Name MARKE E AOKINS	Name LABORERS L. U. 1/290
	Labor Organization File Number 023 463
PO Box Bldg Room No If any	PO Box, Building and Room Number if any
Street 1/501 4 68 14 57	Street 2600 MERRIAM LANC
City SHAWNEE THE PROPERTY OF T	City KANSAS COTTANT TO THE
State KANSAS ZIP Code + 4 66203	State ZIP Code + 4 66106
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	
6 Name and address of Employer (including trade name if any)	. 7 a Nature of Interest, Transaction or Income.
Name E KC Blabbie SE Pension Fusion	attropice a annual employee
Trade Name If any	But the contract of the contra
PO Box Bldg Room No If any	7 b Amount
Street 4905 Metcalt State 200	
City Europe 如果,我是是我们是我们的	1824.89
State # K'S TERRE ZIP Code + 4 66202	

Signature

15 Signature and Verification line	indersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the	nformation contained in any accompanying documents) has been examined by the signatory and is to the best of the
undersigned s knowledge and belief	ue correct, and complete (See the section on penalties in the instructions)

Signed

Mis ad

on 8/1/05

19/3/432-1903 Telephone Number